PACT Act FILE UPLOAD LAYOUT

Detailed instructions regarding filing requirements can be found at **tn.gov/revenue**

version 11-30-2016

Col.	Field Name	Field Length	Field Format	Upload Requirements R=Required; C=Conditional; O=Optional	Description of Field Contents
Α	Account Number	10		R	
В	Reporting Period	10	MM/DD/YYYY	R	Use last day of reporting period
С	Invoice Number	max20		R = Required	
D	Date of Shipment	10	MM/DD/YYYY	R = Required	Must be month of filing period
Е	Shipped to Type	1			M=Manufacturer, W=Wholesaler, D- Distributor, R=Retailer, C=Consumer
F	Shipped to Name	max70		R = Required	Distributor, it iteration, consumer
G	Shipped to Address 1	max40		R = Required	
Н	Shipped to Address 2	max40		R = Required	
1	Shipped to City	max20		R = Required	
J	Shipped to State	2		R = Required	
K	Shipped to Zip	min5, max10	#####	R = Required	
L	Shipped to Phone #	max13	(###)###-####		
М	Delivery Sale	1	Y or N	R = Required	
N	Delivery Service Company Name	max70		C = Conditional	If Delivery Sale = Y
0	Delivery Service Address 1	max40		C = Conditional	If Delivery Sale = Y
Р	Delivery Service Address 2	max40		C = Conditional	If Delivery Sale = Y
Q	Delivery Service City	max20		C = Conditional	If Delivery Sale = Y
R	Delivery Service State	2		C = Conditional	If Delivery Sale = Y
S	Delivery Service Zip	min5, max10	#####	C = Conditional	If Delivery Sale = Y
Т	Delivery Service Phone #	max13	(###)###-####		If Delivery Sale = Y
U	Tobacco Type	1	C, R, or S	R = Required	C=Cigarettes; R=RYO; S=Smokeless
V	Brand ID	max 9		R = Required	See brand lists for eligible IDs; -1=other
W	Other Brand Name	max 30		C = Conditional	If Brand ID = -1

Col.	Field Name	Field Length	Field Format	Upload Requirements	Description of Field Contents
				R=Required; C=Conditional;	
				O=Optional	
Χ	Cigarettes (Sticks)	max 15	#####	C = Conditional	
Υ	RYO (Ounces)	max 12	####.##	C = Conditional	
		(including			
		decimal)			
Z	Smokeless (Ounces)	max 12	####.##	C = Conditional	
		(including			
		decimal)			
AA	Extended Sale Price	max 12	####.##		
		(including			
AB	TN Tax Paid	1	Y or N	R = Required	Either TN stamped or tax paid to TN

AQ AR

AU

*Please note: File must be saved and submitted as a CSV file format.

AS 1. No Commas can be included in the data. Please remove commas from the names and addresses before converting to CSV format.

2. Date fields must include either a slash or dash as separators. MM/DD/YYYY or MM-DD-YYYY

AV 3. if entering a negative number place a negative symbol '-' at the beginning of the number. Example: -123